

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 1:23-cr-14013-AMC-1

UNITED STATES OF AMERICA,

v.

RAYMOND SAUNDERS,

Defendant.

_____ /

DEFENDANT'S MOTION REQUESTING TWO-LEVEL VARIANCE
UNDER PROPOSED U.S.S.G. SECTION 4C 1.1

Defendant, RAYMOND SAUNDERS, by and through undersigned counsel, requests a two-level downward variance under the proposed U.S.S.G. Section 4C1.1. The Defendant has zero criminal history points. Defendant did not receive a terrorism enhancement, did not use violence or threats or violence, did not cause death or serious injury, did not commit a sex offense, did not cause any victim substantial financial hardship, did not possess or use a firearm or deadly weapon, did not violate a victim's civil rights, did not commit a hate crime, and did not receive a role adjustment.

The Defendant agrees that if the Court grants this variance request, he will not additionally seek the retroactive application of Section 4C1.1 after its effective date.

WHEREFORE, the Defendant, RAYMOND SAUNDERS, respectfully
moves for a two-level downward variance.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of the foregoing has been
furnished via the CMECF filing portal to all parties of record on this 14th of
July 2023.

Respectfully Submitted,

Martin L. Roth, Esq.
1700 East Las Olas Blvd. Suite 307
Fort Lauderdale, Florida 33301
Telephone: (954) 745-7697
Email: mlrpa@msn.com

/s/ Martin L. Roth
Martin L. Roth, Esquire
Florida Bar No.: 265004

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**WAIVER OF RIGHT TO REQUEST RETROACTIVE APPLICABILITY OF
U.S.S.G. SECTION 4C1.1**

RAYMOND SAUNDERS, after careful consultation with his counsel,
hereby affirms that, if granted a two-level variance at his sentencing,
Defendant waives all rights, if any, to subsequently request an additional
sentence reduction under U.S.S.G. Section 4C1.1 after its effective date.

Date

RAYMOND SAUNDERS

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me the undersigned authority,
personally appeared, by means of ____ physical presence or ____ on-line
notarization, on this ____ day of July, 2023 by Raymond Saunders, who is
____ personally known to me or ____ produced
_____, as identification.

NOTARY PUBLIC
My Commission Expires: